Side-by-Side: Major Provisions of Children's Health Insurance Coverage Bills, June 4, 2007

	CURRENT LAW	CLINTON/DINGELL: CHILDREN'S HEALTH FIRST ACT (S 895/HR 1535)	ROCKEFELLER/SNOWE: CHIP REAUTHORIZATION ACT OF 2007 (S1224)	EMANUEL/RAMSTAD¹: HEALTHY KIDS ACT OF 2007 (HR 2147)
WHO'S COVE	RED			
Coverage for Children	Income • SCHIP up to 200% FPL or 50% points above income level at enactment	Income SCHIP up to 400% FPL Unsubsidized SCHIP buy-in for higher-income children (required for state that expand to 400% FPL)	Income • State option to expand to 300% FPL or 50% points above income level at enactment • Option to expand further if state meets conditions	Income • No change
	Age • Up to age 19	Age • Up to age 25	Age • No change	Age No change
	Limits—States cannot cover: Children with group coverage State employees' children Documented immigrant children	Removal of existing limits: • State employees' children • Documented immigrant children	Removal of existing limits: • State employees' children • Documented immigrant children	Removal of existing limits: • Documented immigrant children
Coverage for Other Groups	Waivers for: Pregnant women Parents Childless adults prior to 2005	Pregnant women If Medicaid eligibility to 185% FPL, children's coverage at 200% FPL, no higher than kids' eligibility limit Includes documented immigrants	Pregnant women If Medicaid eligibility to 185% FPL, no higher than kids' eligibility limit Includes documented immigrants	Pregnant women If Medicaid eligibility to 185% FPL, children's coverage at 200% FPL, no higher than kids' eligibility limit Includes documented im- migrants
ENROLLMEN	T AND OUTREACH			
Eligibility Simplification	 States have a number of options to simplify the application States are required to check citizenship documentation for Medicaid 	 Express Lane (use financial information from other means tested programs to help find and enroll children in Medicaid and SCHIP) State option for how to assess citizenship; automatic newborn eligibility Model for interstate coordination 	 Express Lane (use financial information from other means tested programs to help find and enroll children in Medicaid and SCHIP) State option for how to assess citizenship; automatic newborn eligibility 	 Express Lane (use financial information from other means tested programs to help find and enroll children in Medicaid and SCHIP) Model for interstate coordination
Financial Incentives for Outreach	None	 Increased federal matching rate for children's coverage in Medicaid if states implement continuous eligibility, model outreach and enrollment practices Increased federal matching rate linked to upper income eligibility limit; equals SCHIP enhanced matching rate for states with upper income limits at 400% FPL 	Increased federal matching rate for children's coverage in Medicaid if a state's: Medicaid enrollment growth exceeds benchmark or Participation rate of lowincome children in Medicaid and SCHIP is at least 90% and it meets specified process measures Increase proportional to performance in both cases, up to a limit of an 85% federal match	 Increased federal matching rate of 2% points for children's coverage in Medicaid and SCHIP if states adopt a specific set of outreach practices Grants (\$50 million annually from '08-12) for local gov'ts, safety net, schools, faith-based organizations for outreach, with an emphasis on enrolling rural or minority children
Waiting lists	Allowed in non-Medicaid SCHIP programs	Prohibits waiting lists	 Prohibits waiting lists as a condition of receiving higher FMAP (Financial Incentives for Outreach) 	Prohibits waiting lists
WHAT'S COV	ERED			
Benefits	Must be benchmark coverage or equivalent FEHBP BCBS State employees' plan Most popular HMO Pre-existing coverage Secretary-approved plan Must cover certain services	Requires that state-employee benchmark be the most popular family coverage option Individual services approved coverage Requires EPSDT services including dental services, FQHC and RHC services	Requires that state-employee benchmark be the most popular family coverage option Requires coverage of dental and mental health Ends use of Secretary approved coverage Clarifies Medicaid EPSDT	No change

¹ Senator Durbin has also sponsored this bill in the Senate: S. 1364.

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Employer- based coverage	Premium assistance waiver: States can subsidize children's coverage in employer plans if: Employers contribute 60% Coverage is cost effective Coverage is as generous as in SCHIP	Buy-in: Permits states that cover children up to 200% FPL to allow employers and families to buy-in to SCHIP Support for employer coverage: Permits states that expand to 400% FPL to provide financial assistance (up to 50% of the cost per child) to employers who cover children in family policies with benchmark SCHIP benefits	Modifies premium assistance to: Simplify the family-based and state-level cost effectiveness test Include disclosure requirements for group health plan benefits Maintains and strengthen current-law requirements regarding cost sharing and wrap-around coverage	No change		
FINANCING						
Allotment structure	States' allotments are a share of a national amount: \$5 billion in FY 2007	States' allotments are based on states' past spending trended by pre-set growth factors (see distri- bution formula)	States' allotments are a share of a national amount: \$8.525 billion in FY 2008, rising to \$15.4 billion in FY 2012	States' allotments are a share of a national amount: \$7.5 billion in FY 2008, increased by growth in per-capita national health spending and children's population growth		
Distribution formula	National amount allocated by states': Number of children (equal blend of lowincome children and low-income, uninsured children) and Geographic adjuster Subject to floors and ceilings	 States' allotments equal FY 2007 spending, increased by growth in per-capita national health spending and state child population growth Rebased every 2 years to actual spending 	National amount reduced by 5% (see "adjustment") and allocated by: • Historical spending, trended by growth in per-capita national health spending and U.S. child population growth • Share of low-income, uninsured children, adjusted for state wage factor • Floors protect allotments • Rebased every 2 years to actual spending	No change		
Adjustment of allotment due to higher- than-expected costs	None	 Allotment automatically adjusted for enrollment of children above a baseline 	5% of national amount set aside to allocate to states whose costs exceed their allotments	 Allotment automatically adjusted for enrollment of children above a baseline If sum of total adjustments exceed 20% of total federal spending, Congressional approval required 		
Distribution/ Redistribution	 3 years to spend federal allotments 	2 years to spend federal allotments	 2 years to spend federal allotments Unused funds get recycled	1 years to spend federal allotmentsUnused funds get recycled		
Territories	Amount equal to 0.25% of national amount, plus additional amounts speci- fied in law	Territories' allotments determined the same way as states', including enrollment adjustment	 FY 2008—sets allotments for territories at highest level from 1997 through 2007 multiplied by adjustment Exempts increased federal matching rate for reporting from territories' cap GAO study funding 	Exempts increased federal matching rate for outreach from territories' cap		
OTHER POLICIES						
Other Increased Federal Matching Rates	None	 90% match for school based outreach and enrollment efforts 75% match for IT to improve eligibility computer systems; for outreach and enrollment efforts in multiple languages 	75% match for IT to improve eligibility computer systems, for outreach and enrollment efforts in languages other than English, and for quality measure reporting	75% match for IT to improve eligibility computer systems		
Other Policy Changes		Creates Medicaid SCHIP Payment Advisory Commission (MACPAC)	Creates Medicaid and SCHIP Payment and Access Commission (MACPAC) Develops measures and funds demonstrations to promote quality Childhood obesity demo (\$25 million over 5) IOM study and report on children's access to care (\$1 million) Funding for Census to improve data collection (\$20 million annually) Periodic reports to Congress on improving care, quality Moratorium on Payment Error Rate Measurement requirements	Tax credit for children's coverage: Children with income between 200- 350% FPL not eligible for Medicaid/SCHIP Amount of credit: Phases down from 75% to 50%; may be advanced to plans Applicable to: group insurance or other state-designed coverage that meets certain standards Coverage must be guarantee issue, community rated, with no riders Offset: Includes tax policy change to pay for bill		